

SADDLEBACK PORTABLE X-RAY
PHONE: 714.835.2915
FAX: 714.543.3114

RADIOLOGY
ORDER REPORT

PATIENT'S NAME: Nirnoyy Nasidy	PATIENT'S ID: 32523	DATE OF BIRTH: 06-12-2017	SEX:	
ADDRESS:	CITY, STATE & ZIP: , ,	PHONE NO:		
ORDERING FACILITY: ASPC Douglas		ADDRESS: 6911 N. BDI Blvd		
CITY, STATE & ZIP: Douglas, AZ, 85607	PHONE NO: 46887654324	FAX: tyk	NPI:	
REQUESTED DATE/TIME OF SERVICE: 06-12-2017, 23:40		TECHNOLOGIST: TECH FIVEs		
REFERRING DR'S NAME: ENAYATI JOSEPH	NPI:	PHONE NO:	FAX:	

CPT CODE #1: 72050	PROCEDURE #1: Cervical, 4 views	
CPT CODE #2: 72070	PROCEDURE #2: Thoracic, 2 views	

SYMPTOMS:

MEDICARE #:	MEDICAID #:	INSURANCE CO. :	POLICY GROUP/FECA #: 5ui5oi
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PHYSICIAN'S SIGNATURE: _____

DATE: ____/____/____